

EXHIBIT 6

J.T. IEP – AMHERST COUNTY PUBLIC SCHOOLS

Amherst County Public Schools
153 Washington Street, Amherst, VA 24521
INDIVIDUALIZED EDUCATION PROGRAM
COVER PAGE

Student Name <u>J [REDACTED] T [REDACTED]</u>		Page 1 of 29
Student ID: <u>[REDACTED] 1984</u>	Student Testing ID <u>[REDACTED]</u>	Grade: <u>7th Grade</u>
DOB <u>[REDACTED] /2008</u>	Age <u>12</u>	Disability(ies) <u>Multiple Disabilities, Visual Impairment, Speech-Language Impairment</u>
Parent(s) Name _____		
Email _____		
Home Address _____		
		Primary _____
		Secondary _____
Date of IEP meeting		<u>09/20/2021</u>
Date parent notified of IEP meeting		<u>09/13/2021</u>
IEP Begin Date		<u>09/20/2021</u>
This IEP will be reviewed no later than		<u>09/19/2022</u>
Most recent eligibility date		<u>03/24/2020</u>
Next re-evaluation, including eligibility, must occur before		<u>03/24/2023</u>
Copy of IEP given to		On (Date) _____
IEP Teacher/Manager <u>Crystal Mays</u>		Phone Number _____

The Individualized Education Plan (IEP) that accompanies this document is meant to support the positive process and team approach. The IEP is a working document that outlines the student's vision for the future, strengths and needs. The IEP is not written in isolation. The intent of an IEP is to bring together a team of people who understand and support the student in order to come to consensus on a plan and an appropriate and effective education for the student. No two teams are alike and each team will arrive at different answers, ideas and supports and services to address the student's unique needs. The student and his/her family members are vital participants, as well as teachers, assistants, specialists, outside service providers, and the principal. When all team members are present, the valuable information shared supports the development of a rich student profile and education plan.

PARTICIPANTS INVOLVED

The list below indicates that the individual participated in the development of this IEP and the placement decision; it does not authorize consent. Parent consent is indicated on the "Prior Notice" page.

NAME OF PARTICIPANT	POSITION
_____	<u>Special Education Teacher</u>
_____	<u>Speech Pathologist</u>
_____	<u>School Principal</u>
_____	<u>Occupational Therapist</u>
_____	<u>Vision Specialist</u>
_____	<u>Physical Therapist</u>
_____	<u>Mother</u>
_____	<u>General Ed Teacher</u>

*The student and parent must be informed at least one year prior to turning 18 that the IDEA procedural safeguards (rights) transfer to the student at age 18 and be provided with an explanation of those procedural safeguards. Date informed _____ Student Initials _____ Parent Initials _____

Amherst County Public Schools
 153 Washington Street, Amherst, VA 24521
 INDIVIDUALIZED EDUCATION PROGRAM
 FACTORS FOR IEP TEAM CONSIDERATION

Student Name J T
 Student ID Number 1984

Page 2 of 29

Date 09/20/2021

Draft

During the IEP meeting, the following factors must be considered by the IEP team. Best practice suggests that the IEP team document that the factors were considered and any decision made relative to each. The factors are addressed in other sections of the IEP if not documented on this page (for example: see Present Level of Academic Achievement and Functional Performance).

1. Results of the initial or most recent evaluation of the student;

Please refer to the Present Level of Academic and Functional Performance.

2. The strengths of the student;

Please refer to the Present Level of Academic and Functional Performance.

3. The academic, developmental, and functional needs of the student;

Please refer to the Present Level of Academic and Functional Performance.

4. The concerns of the parent(s) for enhancing the education of their child;

Parents indicated no concerns at this time.

5. The communication needs of the student;

J exhibits deficits in communication which negatively impacts her communicative competence and academic and functional performance and therefore warrants support supports from the SLP in addition to the services she receives from her teachers and support staff in the classroom setting.

6. The student's needs for benchmarks or short-term objectives;

J's educational plan must contain short term objectives or benchmarks as she is receiving instruction toward and being assessed on the Aligned Standards of Learning. Please refer to the goals and objectives section of this document.

7. Does the student require assistive technology devices and services? When considering whether assistive technology is required, the IEP team may refer to the Virginia Assistive Technology Consideration Guide to facilitate the discussions about goals and objectives, areas of difficulty, and whether AT devices or services are needed, and whether accessible instructional materials in alternate formats are needed.

The IEP team reviewed the ACPS Assistive Technology Consideration Guide and the accommodations page of the current IEP. Please refer to these pages of the document for this information.

Due to her disability and the severe motor deficits she exhibits, J requires the use of a variety of assistive technology devices and modifications in order to participate and meet her goals within the classroom setting. Please see the accommodations page, present level of performance, and assistive technology consideration guide for detailed description of technology used.

8. In the case of a student whose behavior impedes his or her learning or that of others, consider the use of positive behavioral interventions, strategies, and supports to address that behavior;

J does not display behaviors that have been determined to be related to her identified disability that impact her learning or that of others.

9. In the case of a student with limited English proficiency, consider the language needs of the student as those needs relate to the student's IEP;

J is not a student with limited English proficiency.

Amherst County Public Schools
153 Washington Street, Amherst, VA 24521
INDIVIDUALIZED EDUCATION PROGRAM
FACTORS FOR IEP TEAM CONSIDERATION

Student Name J [REDACTED]
Student ID Number [REDACTED] 1984

Page 3 of 29
Date 09/20/2021

Draft

10. In the case of a student who is blind or is visually impaired, provide for instruction in Braille and the use of Braille unless the IEP team determines after an evaluation of the student's reading and writing skills, needs, and appropriate reading and writing media, including an evaluation of the student's future needs for instruction in Braille or the use of Braille, that instruction in Braille or the use of Braille is not appropriate for the student. When considering that Braille is not appropriate for the child the IEP team may use the Functional Vision and Learning Media Assessment for Students who are Pre-Academic or Academic and Visually Impaired in Grades K-12 (FVLMA) or similar instrument; and The IEP team has considered the need for Braille instruction and the use of Braille. J [REDACTED] does not have fine motor skills and dexterity in order to read Braille tactually or write Braille using a Braille writing device. Braille instruction is not appropriate or recommended at this time.

11. In the case of a student who is deaf or hard of hearing, consider the student's language and communication needs, opportunities for direct communications with peers and professional personnel in the student's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the student's language and communication mode. The IEP team may use the Virginia Communication Plan when considering the student's language and communication needs and supports that may be needed.

J [REDACTED] is not deaf and is not a student with a hearing impairment.

PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

Student Name J. T. [REDACTED]
Student ID Number 1984

Page 4 of 29
Date 09/20/2021

Draft

The Present Level of Academic Achievement and Functional Performance shall be written in language understandable by the general public and summarize the results of assessments that identify the student's interests, preferences, strengths and areas of need. This includes the student's performance and achievement in academic areas such as writing, reading, math, science, and history/social sciences. It also includes the student's performance in functional areas, such as self-determination, social competence, communication, behavior and personal management.

Describe the effect of the student's disability upon the student's involvement and progress in the general curriculum by completing the fields below. For preschool, include how the student's disability affects the participation in appropriate activities. Test scores, if appropriate, should be self-explanatory.

Present Levels of Academic Achievement and Functional Performance

J. [REDACTED] is a twelve year old, sixth grader identified as a student with Multiple Disabilities (TBI, VI, SLI). She receives related occupational and physical therapies.

J. [REDACTED] enjoys school and various activities done in her classroom. J. [REDACTED] will participate in all lessons, but is more active and attentive in lessons that involve music and dancing. J. [REDACTED] likes music, stuffed animals, making animal noises, and dancing when listening to music.

J. [REDACTED] has a traumatic brain injury (TBI), cerebral palsy as a result of her TBI, cortical vision impairment, and a speech disability. She has significant delays in motor, communication, and adaptive skills. She is non-ambulatory and has a wheelchair which is used for transportation.

J. [REDACTED] requires significant amounts of support by adults for positioning, feeding, dressing, and accessing materials. She receives support from the Speech Therapist, OT, and PT.

J. [REDACTED]'s areas of need resulting from her disability related deficits include: *Functional Academics *Communication *Functional Vision

Most recent evaluation is from Virginia Beach City Public Schools (Pembroke Elementary School) on 3/24/2020:

On 3/24/2020, VBCPS proposed that J. [REDACTED] is eligible for special education services as a student with Multiple Disabilities (Traumatic Brain Injury-primary, Vision Impairment-secondary, Speech-Language Impairment-tertiary). Based on the review of existing data and input from the student's parents, the team determined no additional data was necessary in order to determine the student met eligibility criteria.

The following is from a eligibility meeting held on 5/31/2017: J. [REDACTED]'s eligibility committee that convened on Wednesday, May 31, 2017 determined that she is eligible to receive special education services as a student with multiple disabilities (Traumatic Brain Injury, Intellectual disability), a visual impairment, and a tertiary speech language impairment. J. [REDACTED]'s IEP team will consider the need for related occupational and physical therapy services. J. [REDACTED] is diagnosed at the age of 16 months with diffuse hypoxic injury with acute subdural hemorrhages and seizures. According to review of evaluation data and reports, J. [REDACTED] demonstrates significant cognitive impairments, along with commensurate weaknesses in functional achievement and adaptive skills. According functional vision report, J. [REDACTED] continues to demonstrate significant visual impairment that impacts her access to the educational environment. According to physical therapy evaluation, J. [REDACTED] demonstrates gross motor and mobility limitations that impact her access to the educational environment. According to review of occupational therapy evaluation, she requires assistance for all self care, functional and fine motor activities. She has a high need for oral input. According to speech language evaluation, J. [REDACTED] exhibits a severe receptive and expressive language disorder. J. [REDACTED] is a non-verbal communicator.

PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

Student Name J. T. [REDACTED]
Student ID Number [REDACTED] 1984

Page 5 of 29
Date 09/20/2021

Draft

J. T. is diagnosed with a Cortical Visual impairment, a disruption of the visual pathways. This condition indicates that the visual systems of the brain do not consistently understand or interpret what the eyes see and therefore significantly impacts her ability to access the general education curriculum. She should have a simple background when viewing objects in order to remove visual clutter.

Academic Performance:

J. T. is able to make choices out of a field of two picture cards. When presenting choices to J. T., she requires prompting to 'look' at the choices before reaching out and touching. She will reach out and touch, answer without looking, and laugh if prompting is not given. She is able to verbalize different animal noises when asked what that animal says. She enjoys activities that she can manipulate and explore with her senses. She is working towards identifying 1-10. J. T. is also working towards picking out her first and last name when given a choice of two names. She is able to identify various peers and staff members that she interacts with on a daily basis, but had not become consistent with this skill.

Behavior: Positive reinforcements are used on J. T. to help aid in positive behavior (ex. not screaming or crying). Staff will provide positive supports for J. T. when these behaviors happen (ex. playing her favorite song, giving a hug, letting her play with her favorite toys).

Personal management/care: J. T. relies on staff for her daily needs. She requires help for all transitions (ex. wheel chair to mat, mat to adaptive chair, etc.) and toileting (changes). She receives all her nutrition from a g-tube. J. T. typically communicates her basic wants/ needs by using facial expressions, vocalizations, laughing/crying, some word approximations, eye gaze, and reaching to request an item or activity. She enjoys interacting with others and readily participates in instructional activities.

Occupational Therapy- J. T. is followed by occupational therapy on a consultative basis for equipment, assistive technology (high and low tech) needs.

Physical Therapy: J. T. is followed by physical therapy on an indirect basis for training to classroom staff in transfers and positioning in various devices. She has been supplied with a comfortable adapted seating device so that she can be out of her wheelchair during the day. Staff performs two person lifts for toileting and they are safe and effective. J. T. continues to benefit from indirect PT to address positioning needs. K. Zylstra, DPT

Vision-

Based on Functional Vision Evaluation review of records information from most recent eligibility that convened on 3/24/2020, J. T. is a student with a secondary vision impairment who has been diagnosed with Cortical Visual Impairment (CVI) (a temporary or permanent disruption of the visual pathways. J. T. can attend to colored toys and objects, but red seems to be her preferred color. She can attend to stationary and moving objects. She is able to track moving objects, however; her tracking is not smooth or consistent. J. T. blinks to a visual threat. She attends to new and familiar objects. She will reach to touch objects, but often needs to be encouraged to look first. She exhibits latent viewing by looking at an object, looking away, then looking back again. In order to gain her visual attention to an object it is best to pair the object with lights or something shiny and be of high contrast. J. T. attends best when she isn't distracted by others in her classroom. J. T. receives Vision Services twice a month. She tracks well. She is able to make a choice between two objects. She is working on looking first then choosing. J. T. is encouraged to look and touch objects and toys. She doesn't like hand over hand assisted touch. She pulls her arm back. She is continuing to learn vision concepts like in, out, open, close, on, on top, under.

Communication: J. T. uses a variety of low and mid-tech augmentative and alternative means to communicate her intent with others and to make choices. She is will verbalize certain words, make vocalizations, use gestures (with hands or face), eye gaze, pointing with her hand, smiling, laughing, and blowing kisses. When she really likes something, she will vocalize very loudly, stiffen her body, and laugh. When she does not like something,

PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

Student Name J T
Student ID Number 1984

Page 6 of 29

Date 09/20/2021

Draft

she will also stiffen her body, but her vocalizations are much different and she is often scowling or frowning.

Some of her favorite things include songs ("What does the fox say?"), mama, and "Bubba" (her brother).

J is able to make choices out of a field of two picture cards, either using eye gaze or pointing with her hand with approximately 75% accuracy. When presenting choices to J, she often requires prompting to 'look' at the choices before reaching out and touching the choice/answer. She is able to vocalize different animal noises when asked what that animal says and will use various sounds to get the attention of others (e.g. pig noise for teacher assistant). J enjoys when the SLP makes up silly stories and then ask her questions related to the story read. She can utilize some mid-tech devices (iPad, buttons) to answer questions, but usually only does best with 2-4 options. Accuracy for responding to yes/no and wh-questions is approximately 60%.

Amherst County Public Schools
153 Washington Street, Amherst, VA 24521
INDIVIDUALIZED EDUCATION PROGRAM (IEP)
MEASURABLE ANNUAL GOALS, PROGRESS REPORT

Student Name J T

Page 7 of 29

Student ID Number 1984

Date 09/20/2021

Area of Need Vision

Draft

#1 MEASURABLE ANNUAL GOAL:

Given an object or toy J T will allow use of hand over hand to explore and touch an object or a toy. with 80% accuracy on targeted skill assessments. by 09/19/2022.

The IEP team considered the need for short-term objectives/benchmarks.

- ☐ Short-term objectives/benchmarks are included for this goal. (Required for students participating in the VAAP)
- ☒ Short-term objectives/benchmarks are not included for this goal.

Does this annual goal help the student make progress toward a post-secondary goal?

☐ Yes☐ No☒ N/A

If YES, which postsecondary goal?

How will progress toward this annual goal be measured? (check all that apply)

<input type="checkbox"/> Homework	<input type="checkbox"/> Classroom Participation	<input type="checkbox"/> Class work
<input type="checkbox"/> Special Projects	<input type="checkbox"/> Written Reports	<input type="checkbox"/> Norm-referenced test:
<input type="checkbox"/> Criterion-referenced test:	<input type="checkbox"/> Other:	<input type="checkbox"/> Tests and Quizzes
<input checked="" type="checkbox"/> Checklist	<input checked="" type="checkbox"/> Observation	

Anticipated Date of Progress Report*				
Actual Date of Progress Report				
Progress Code				

* Progress reports will be provided at least as often as parents are informed of the progress of children without disabilities.

Amherst County Public Schools
153 Washington Street, Amherst, VA 24521
INDIVIDUALIZED EDUCATION PROGRAM (IEP)
MEASURABLE ANNUAL GOALS, PROGRESS REPORT

Student Name J T Page 8 of 29
Student ID Number 1984 Date 09/20/2021
Area of Need Vision

#2 MEASURABLE ANNUAL GOAL:

Given 2 toys or objects with instruction J T will demonstrate an understanding of a vision concept such as in, out, on, open, close, etc. with 75% accuracy on targeted skills assessments by 09/19/2022.

The IEP team considered the need for short-term objectives/benchmarks.

- ☐ Short-term objectives/benchmarks are included for this goal. (Required for students participating in the VAAP)
☒ Short-term objectives/benchmarks are not included for this goal.

Does this annual goal help the student make progress toward a post-secondary goal? ☐ Yes ☐ No ☒ N/A

If YES, which postsecondary goal?

How will progress toward this annual goal be measured? (check all that apply)

<input type="checkbox"/> Homework	<input type="checkbox"/> Classroom Participation	<input type="checkbox"/> Class work
<input type="checkbox"/> Special Projects	<input type="checkbox"/> Written Reports	<input type="checkbox"/> Norm-referenced test:
<input type="checkbox"/> Criterion-referenced test:	<input type="checkbox"/> Other:	<input type="checkbox"/> Tests and Quizzes
<input checked="" type="checkbox"/> Checklist	<input checked="" type="checkbox"/> Observation	

Anticipated Date of Progress Report*				
Actual Date of Progress Report				
Progress Code				

* Progress reports will be provided at least as often as parents are informed of the progress of children without disabilities.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)
MEASURABLE ANNUAL GOALS, PROGRESS REPORT

Student Name J [REDACTED] T [REDACTED]

Page 9 of 29

Student ID Number 1984

Date 09/20/2021

Area of Need Vision

#3 MEASURABLE ANNUAL GOAL:

Given a named person or character J [REDACTED] T [REDACTED] will point to named objects or people in a picture or on a page in a book. with 75% accuracy on targeted assessments by 09/19/2022.

The IEP team considered the need for short-term objectives/benchmarks.

- ☐ Short-term objectives/benchmarks are included for this goal. (Required for students participating in the VAAP)
- ☒ Short-term objectives/benchmarks are not included for this goal.

Does this annual goal help the student make progress toward a post-secondary goal?

☐ Yes☐ No☒ N/A

If YES, which postsecondary goal?

How will progress toward this annual goal be measured? (check all that apply)

<input type="checkbox"/> Homework	<input type="checkbox"/> Classroom Participation	<input type="checkbox"/> Class work
<input type="checkbox"/> Special Projects	<input type="checkbox"/> Written Reports	<input type="checkbox"/> Norm-referenced test:
<input type="checkbox"/> Criterion-referenced test:	<input type="checkbox"/> Other:	<input type="checkbox"/> Tests and Quizzes
<input checked="" type="checkbox"/> Checklist	<input checked="" type="checkbox"/> Observation	

Anticipated Date of Progress Report*				
Actual Date of Progress Report				
Progress Code				

* Progress reports will be provided at least as often as parents are informed of the progress of children without disabilities.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)
MEASURABLE ANNUAL GOALS, PROGRESS REPORT

Student Name J T

Page 10 of 29

Student ID Number 1984

Date 09/20/2021

Area of Need Communication

#4 MEASURABLE ANNUAL GOAL:

Given moderate visual, tactile, verbal and/or physical cues J T will use total communication (i.e verbalizations, vocalizations, eye gaze, low/mid-tech devices, gestures, facial expressions, core-word communication boards) to make requests for actions/objects throughout the day and across at least 2-3 different people ADL, medical, social, and educational needs with in 80% of documented opportunities across 3 sessions by 09/19/2022.

The IEP team considered the need for short-term objectives/benchmarks.

- ☐ Short-term objectives/benchmarks are included for this goal. (Required for students participating in the VAAP)
- ☒ Short-term objectives/benchmarks are not included for this goal.

Does this annual goal help the student make progress toward a post-secondary goal?

☐ Yes☐ No☒ N/A

If YES, which postsecondary goal?

How will progress toward this annual goal be measured? (check all that apply)

<input type="checkbox"/> Homework	<input type="checkbox"/> Classroom Participation	<input type="checkbox"/> Class work
<input type="checkbox"/> Special Projects	<input type="checkbox"/> Written Reports	<input type="checkbox"/> Norm-referenced test:
<input type="checkbox"/> Criterion-referenced test:	<input checked="" type="checkbox"/> Other: Teacher and SLP Observation and performance data collection	<input type="checkbox"/> Tests and Quizzes
<input type="checkbox"/> Checklist	<input type="checkbox"/> Observation	

Anticipated Date of Progress Report*				
Actual Date of Progress Report				
Progress Code				

* Progress reports will be provided at least as often as parents are informed of the progress of children without disabilities.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)
MEASURABLE ANNUAL GOALS, PROGRESS REPORT

Student Name J T

Page 11 of 29

Student ID Number 1984

Date 09/20/2021

Area of Need Communication

Draft

#5 MEASURABLE ANNUAL GOAL:

Given moderate visual, tactile, verbal and/or physical cues and prompts, J T will respond accurately to yes/no and simple wh-questions related to a sentence or short story with in 80% of documented opportunities across 3 sessions by 09/19/2022.

The IEP team considered the need for short-term objectives/benchmarks.

- ☐ Short-term objectives/benchmarks are included for this goal. (Required for students participating in the VAAP)
- ☒ Short-term objectives/benchmarks are not included for this goal.

Does this annual goal help the student make progress toward a post-secondary goal?

☐ Yes☐ No☒ N/A

If YES, which postsecondary goal?

How will progress toward this annual goal be measured? (check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Homework | <input type="checkbox"/> Classroom Participation | <input type="checkbox"/> Class work |
| <input type="checkbox"/> Special Projects | <input type="checkbox"/> Written Reports | <input type="checkbox"/> Norm-referenced test: |
| <input type="checkbox"/> Criterion-referenced test: | <input checked="" type="checkbox"/> Other: Teacher and SLP Observation and performance data collection | <input type="checkbox"/> Tests and Quizzes |
| <input type="checkbox"/> Checklist | <input type="checkbox"/> Observation | |

Anticipated Date of Progress Report*				
Actual Date of Progress Report				
Progress Code				

* Progress reports will be provided at least as often as parents are informed of the progress of children without disabilities.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)
MEASURABLE ANNUAL GOALS, PROGRESS REPORT

Student Name J T

Page 12 of 29

Student ID Number 1984

Date 09/20/2021

Area of Need Communication

#6 MEASURABLE ANNUAL GOAL:

Given moderate visual, tactile, verbal, and or physical prompts and cues, J T will use total communication (i.e verbalizations, vocalizations, eye gaze, low/mid-tech devices, gestures, facial expressions, core-word communication boards) to make comments/respond to others throughout the day and across at least 2-3 different people ADL, medical, social, and educational needs with in 70% of documented opportunities across 3 sessions by 09/19/2022.

The IEP team considered the need for short-term objectives/benchmarks.

- ☐ Short-term objectives/benchmarks are included for this goal. (Required for students participating in the VAAP)
- ☒ Short-term objectives/benchmarks are not included for this goal.

Does this annual goal help the student make progress toward a post-secondary goal?

☐ Yes☐ No☒ N/A

If YES, which postsecondary goal?

How will progress toward this annual goal be measured? (check all that apply)

<input type="checkbox"/> Homework	<input type="checkbox"/> Classroom Participation	<input type="checkbox"/> Class work
<input type="checkbox"/> Special Projects	<input type="checkbox"/> Written Reports	<input type="checkbox"/> Norm-referenced test:
<input type="checkbox"/> Criterion-referenced test:	<input checked="" type="checkbox"/> Other: Teacher and SLP Observation and performance data collection	<input type="checkbox"/> Tests and Quizzes
<input type="checkbox"/> Checklist	<input type="checkbox"/> Observation	

Anticipated Date of Progress Report*				
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Amherst County Public Schools
153 Washington Street, Amherst, VA 24521

INDIVIDUALIZED EDUCATION PROGRAM (IEP)
MEASURABLE ANNUAL GOALS, PROGRESS REPORT

Student Name J [REDACTED] T [REDACTED] Page 13 of 29
Student ID Number 1984 Date 09/20/2021
Area of Need Reading

Draft

#7 MEASURABLE ANNUAL GOAL:

Given instructional materials J [REDACTED] T [REDACTED] will look and touch to identify her first and last name when given two choices with 80% by 09/19/2022.

The IEP team considered the need for short-term objectives/benchmarks.

- ☒ Short-term objectives/benchmarks are included for this goal. (Required for students participating in the VAAP)
☐ Short-term objectives/benchmarks are not included for this goal.

Does this annual goal help the student make progress toward a post-secondary goal? ☐ Yes ☐ No ☒ N/A

If YES, which postsecondary goal?

How will progress toward this annual goal be measured? (check all that apply)

<input type="checkbox"/> Homework	<input type="checkbox"/> Classroom Participation	<input type="checkbox"/> Class work
<input type="checkbox"/> Special Projects	<input type="checkbox"/> Written Reports	<input type="checkbox"/> Norm-referenced test:
<input type="checkbox"/> Criterion-referenced test:	<input checked="" type="checkbox"/> Other: Data collection	<input type="checkbox"/> Tests and Quizzes
<input type="checkbox"/> Checklist	<input type="checkbox"/> Observation	

Anticipated Date of Progress Report*				
Actual Date of Progress Report				
Progress Code				

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INDIVIDUALIZED EDUCATION PROGRAM (IEP)
SHORT TERM OBJECTIVES OR BENCHMARKS, as determined by IEP Team
(Required for students participating in the VAAP)

Student Name J [REDACTED] T [REDACTED] Date 09/20/2021 Page 14 of 29
Student ID Number [REDACTED] 1984 Goal # 7 Area of Need: Reading

Short Term Objectives or Benchmarks, as needed

Objective/Benchmark # 1

40% accuracy by 10/21/21.

Objective/Benchmark # 2

60% accuracy by 1/14/22.

Objective/Benchmark # 3

75% accuracy by 3/25/22.

Objective/Benchmark # 4

80% accuracy by 9/19/22.

Amherst County Public Schools
153 Washington Street, Amherst, VA 24521
INDIVIDUALIZED EDUCATION PROGRAM (IEP)
MEASURABLE ANNUAL GOALS, PROGRESS REPORT

Student Name J T Page 15 of 29
Student ID Number 1984 Date 09/20/2021
Area of Need Mathematics

#8 MEASURABLE ANNUAL GOAL:

Given instructional materials J T will look and touch to identify numbers 1-20 when given two choices with 80% accuracy by 09/19/2022.

The IEP team considered the need for short-term objectives/benchmarks.

- ☒ Short-term objectives/benchmarks are included for this goal. (Required for students participating in the VAAP)
☐ Short-term objectives/benchmarks are not included for this goal.

Does this annual goal help the student make progress toward a post-secondary goal? ☐ Yes ☐ No ☒ N/A

If YES, which postsecondary goal?

How will progress toward this annual goal be measured? (check all that apply)

<input type="checkbox"/> Homework	<input type="checkbox"/> Classroom Participation	<input type="checkbox"/> Class work
<input type="checkbox"/> Special Projects	<input type="checkbox"/> Written Reports	<input type="checkbox"/> Norm-referenced test:
<input type="checkbox"/> Criterion-referenced test:	<input checked="" type="checkbox"/> Other: Data collection	<input type="checkbox"/> Tests and Quizzes
<input type="checkbox"/> Checklist	<input type="checkbox"/> Observation	

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INDIVIDUALIZED EDUCATION PROGRAM (IEP)
SHORT TERM OBJECTIVES OR BENCHMARKS, as determined by IEP Team
(Required for students participating in the VAAP)

Student Name J [REDACTED] T [REDACTED] Date 09/20/2021 Page 16 of 29
Student ID Number 1984 Goal # 8 Area of Need: Mathematics

Short Term Objectives or Benchmarks, as needed

Objective/Benchmark # 1

identify numbers 1-10.

Objective/Benchmark # 2

identify numbers 1-15.

Objective/Benchmark # 3

identify numbers 1-20.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)
MEASURABLE ANNUAL GOALS, PROGRESS REPORT

Student Name J ■■■ T ■■■

Page 17 of 29

Student ID Number 1984

Date 09/20/2021

Area of Need Daily Living Skills

#9 MEASURABLE ANNUAL GOAL:

Given instructional materials J ■■■ T ■■■ will look and touch the correct picture in order to identify the person, animal, or thing indicated by the teacher/instructional assistant with 80% accuracy by 09/19/2022.

The IEP team considered the need for short-term objectives/benchmarks.

- ☒ Short-term objectives/benchmarks are included for this goal. (Required for students participating in the VAAP)
- ☐ Short-term objectives/benchmarks are not included for this goal.

Does this annual goal help the student make progress toward a post-secondary goal?

☐ Yes☐ No☒ N/A

If YES, which postsecondary goal?

How will progress toward this annual goal be measured? (check all that apply)

<input type="checkbox"/> Homework	<input type="checkbox"/> Classroom Participation	<input type="checkbox"/> Class work
<input type="checkbox"/> Special Projects	<input type="checkbox"/> Written Reports	<input type="checkbox"/> Norm-referenced test:
<input type="checkbox"/> Criterion-referenced test:	<input checked="" type="checkbox"/> Other: Data collection	<input type="checkbox"/> Tests and Quizzes
<input type="checkbox"/> Checklist	<input type="checkbox"/> Observation	

Anticipated Date of Progress Report*				
Actual Date of Progress Report				
Progress Code				

* Progress reports will be provided at least as often as parents are informed of the progress of children without disabilities.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)
SHORT TERM OBJECTIVES OR BENCHMARKS, as determined by IEP Team
(Required for students participating in the VAAP)

Student Name J [REDACTED] T [REDACTED] Date 09/20/2021 Page 18 of 29
Student ID Number [REDACTED] 1984 Goal # 9 Area of Need: Daily Living Skills

Short Term Objectives or Benchmarks, as needed

Objective/Benchmark # 1

40% accuracy by 10/21/2021.

Objective/Benchmark # 2

60% accuracy by 1/14/2022.

Objective/Benchmark # 3

75% accuracy by 3/25/2022

Objective/Benchmark # 4

80% accuracy by 9/19/2022.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)
SERVICES - LEAST RESTRICTIVE ENVIRONMENT - PLACEMENT
ACCOMMODATIONS/MODIFICATIONSStudent Name J T
Student ID Number 1984Page 19 of 29
Date 09/20/2021

Draft

This student will be provided access to general education classes, special education classes, other school services and activities including nonacademic activities and extracurricular activities, and education related settings:

- ☐ with no accommodations/modifications
☒ with the following accommodations/modifications

Accommodations/modifications provided as part of the instructional and testing/assessment process will allow the student equal opportunity to access the curriculum and demonstrate achievement. Accommodations/modifications also provide access to nonacademic and extracurricular activities and educationally related settings. Accommodations/modifications based solely on the potential to enhance performance beyond providing equal access are inappropriate.

Accommodations may be in, but not limited to, the areas of time, scheduling, setting, presentation and response including assistive technology and/or accessible materials. The impact of any modifications listed should be discussed.

ACCOMMODATIONS/MODIFICATIONS (list, as appropriate)

Accommodation(s)/ Modification(s)	Frequency	Location	Instructional Setting	Duration m/d/y to m/d/y
Access and use of changing table	Daily	Assigned School	Special Education Setting	09/20/2021 to 09/19/2022
Access and use of floor mat	Daily	Assigned School	Special Education Setting	09/20/2021 to 09/19/2022
adapted furniture for positioning for school activities- PT will consult	Daily	Assigned School	General and Special Education Settings	09/20/2021 to 09/19/2022
Allow extra time to respond visually	Daily	Assigned School	General and Special Education Settings	09/20/2021 to 09/19/2022
augmentative communication-including, but not limited to, core words, pictures, low/mid-tech devices, eye gaze	Daily	Assigned School	General and Special Education Settings	09/20/2021 to 09/19/2022
Large print letters, words, pictures	Daily	Assigned School	General and Special Education Settings	09/20/2021 to 09/19/2022
Pictures of good contrast	Daily	Assigned School	General and Special Education Settings	09/20/2021 to 09/19/2022
read material/tests to student	as tasks are assigned	Assigned School	General and Special Education Settings	09/20/2021 to 09/19/2022
reduce answer choice	as tasks are assigned	Assigned School	General and Special Education Settings	09/20/2021 to 09/19/2022

153 Washington Street, Amherst, VA 24521

INDIVIDUALIZED EDUCATION PROGRAM (IEP)
SERVICES - LEAST RESTRICTIVE ENVIRONMENT - PLACEMENT
ACCOMMODATIONS/MODIFICATIONS

Student Name J T
Student ID Number 1984

Page 20 of 29

Date 09/20/2021

Draft

Supports for School Personnel: (Describe supports such as equipment, consultation, or training for school staff to meet the unique needs for the student)

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

SERVICES - LEAST RESTRICTIVE ENVIRONMENT - PLACEMENT, Continued

PARTICIPATION IN THE STATE AND DIVISIONWIDE ACCOUNTABILITY/ASSESSMENT SYSTEM

Student Name J T

Page 21 of 29

Student ID Number 1984

Date 09/20/2021

Draft

This student's participation in state and divisionwide assessments must be discussed annually. During the duration of this IEP:

Will the student be at a grade level or enrolled in a course for which the student must participate in a state and/or divisionwide assessment? If yes, continue to next question.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Based on the Present Level of Academic Achievement and Functional Performance, is this student being considered for participation in the Virginia Standards of Learning (SOL) Assessments (select appropriate content area) <input type="checkbox"/> Reading <input type="checkbox"/> Math <input type="checkbox"/> Science <input type="checkbox"/> History/Social Science <input type="checkbox"/> Writing	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Based on the Present Level of Academic Achievement and Functional Performance, is this student being considered for participation in the Virginia Alternate Assessment Program (VAAP), which is based on Aligned Standards of Learning? If yes, complete the "VAAP Participation Criteria".	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does the student meet VAAP participation criteria?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

If "yes" to any of the above, check the assessment(s) chosen and attach (or maintain in student's educational record) the assessment page(s), which will document how the student will participate in Virginia's accountability system and any needed and/or modifications.

SOL Assessments

☐ Reading ☐ Math ☐ Science ☐ History/Social Science ☐ Writing

Substitute Test for Verified Credit: **

* Refer to VDOE's Students with Disabilities: Guidelines for Assessment Participation for guidance.

** The Board of Education has approved a number of substitute tests that students may take to earn verified credits towards graduation. The Board has also approved a schedule of career and technical examinations for licensure or certification that may be substituted for SOL test to earn student-selected verified credits. For a list of state approved substitute tests: [SOL Substitute Test for Verified Credit \(PDF\)](#)

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

PARTICIPATION IN THE STATE AND DIVISIONWIDE ACCOUNTABILITY/ASSESSMENT SYSTEM (continued)

Student Name J T
Student ID Number 1984

Page 22 of 29

Date 09/20/2021

PARTICIPATION IN STATEWIDE ASSESSMENTS

* Students with disabilities are expected to participate in all content area assessments that are available to students without disabilities. The IEP Team determines how the student will participate in the accountability system.

** Accommodation(s) must be based upon those the student generally uses during classroom instruction and assessment, including assistive technology and/or accessible materials. For the accommodations that may be considered, refer to VDOE's Students with Disabilities: Guidelines for Assessment Participation for guidance.

PARTICIPATION IN DIVISIONWIDE ASSESSMENTS

Student does not have any district-wide testing accommodations.

EXPLANATION FOR NON-PARTICIPATION IN REGULAR STATE OR DIVISION-WIDE ASSESSMENTS

If an IEP team determines that a student must take an alternate assessment instead of a regular state or divisionwide assessment, explain in the space below why the student cannot participate in this regular assessment; why the particular assessment selected is appropriate for the student, including that the student meets the criteria for the alternate assessment; and how the student's nonparticipation in the regular assessment will impact the child's promotion, graduation with a modified standard, standard, or advanced studies diploma; or other matters. Refer to the VDOE's Students with Disabilities: Guidelines for Assessment Participation for guidance.

☒ Alternate/Alternative Assessments Participation Criteria is attached or maintained in the student's educational record

J is enrolled in an adaptive program that is based on functional academics, ASOLs, VESOLS, and the Applied Studies Curriculum. J is enrolled in an adaptive program that is based on functional academics, ASOLs, VESOLS, and the Applied Studies Curriculum. Due to the nature of agreed-upon programming and supports, J's access to a standard or advanced studies diploma may be limited.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

SERVICES - LEAST RESTRICTIVE ENVIRONMENT - PLACEMENT, Continued

Student Name J T
 Student ID Number 1984

Page 23 of 29
 Date 09/20/2021

Draft

Least Restrictive Environment (LRE)

When discussing the least restrictive environment and placement options, the following must be considered:

- To the maximum extent appropriate, the student is educated with children without disabilities.
- Special classes, separate schooling or other removal of the student from the regular educational environment occurs only when the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.
- The student's placement should be as close as possible to the child's home and unless the IEP of the student with a disability requires some other arrangement, the student is educated in the school that he or she would attend if he or she did not have a disability.
- In selecting the LRE, consideration is given to any potential harmful effect on the student or on the quality of services that he/she needs.
- The student with a disability shall be served in a program with age-appropriate peers unless it can be shown that for a particular student with a disability, the alternative placement is appropriate as documented by the IEP.

Free Appropriate Public Education (FAPE)

When discussing FAPE for this student, it is important for the IEP team to remember that FAPE may include, as appropriate:

- Educational Programs and Services
- Proper Functioning of Hearing Aids
- Assistive Technology and/or accessible materials
- Transportation
- Nonacademic and Extracurricular Services and Activities
- Physical Education
- Extended School Year Services (ESY)
- Length of School Day

SERVICES:

Identify the service(s), including frequency, duration and location that will be provided to or on behalf of the student in order for the student to receive a free appropriate public education. These services are the special education services and as necessary, the related services, supplementary aids and services based on peer-reviewed research to the extent practicable, assistive technology and/or accessible materials, supports for personnel*, accommodations and/or modifications* and extended school year services* the student will receive that will address area(s) of need as identified by the IEP team. Address any needed transportation and physical education services including accommodations and/or modifications. * These services are listed on the "Accommodations/Modifications" page and "Extended School Year Services" page, as needed.

Transportation Needs :	Special Transportation	Two way
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Nursing Services Required :	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Personal Care Services Required :	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Special Education Services(s)	Frequency	School/location Instructional Setting (classroom)	Duration m/d/y to m/d/y
Speech/Language Therapy	5.00 hour(s) 1.00 time(s) semester	Special Education Setting	09/20/2021 to 09/19/2022

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

SERVICES - LEAST RESTRICTIVE ENVIRONMENT - PLACEMENT, Continued

Student Name J T

Page 24 of 29

Student ID Number 1984

Date 09/20/2021

Draft

Adapted Physical Education	200 minute(s) 1 time(s) weekly	Special Education Setting	09/20/2021 to 09/19/2022
Vision Services	20 minute(s) 2 time(s) monthly	Special Education Setting	09/20/2021 to 09/19/2022
Behavior Support	250 minute(s) 1 time(s) weekly	Special Education Setting	09/20/2021 to 09/19/2022
Social Skills Instruction	450 minute(s) 1 time(s) weekly	Special Education Setting	09/20/2021 to 09/19/2022
Reading Instruction	225 minute(s) 1 time(s) weekly	Special Education Setting	09/20/2021 to 09/19/2022
Mathematics Instruction	425 minute(s) 1 time(s) weekly	Special Education Setting	09/20/2021 to 09/19/2022
English/ Language Arts Instruction	225 minute(s) 1 time(s) weekly	Special Education Setting	09/20/2021 to 09/19/2022

Related Services(s)	Frequency	School/location Instructional Setting (classroom)	Duration m/d/y to m/d/y
Occupational Therapy.	1.00 hour(s) 1.00 time(s) semester	Special Education Setting	09/20/2021 to 09/19/2022
Physical Therapy.	1 hour(s) 1.00 time(s) semester	Special Education Setting	09/20/2021 to 09/19/2022

Services will be delivered on school days as indicated by a school division's calendar and exclude holidays, inclement weather closings, and summer closings unless the student qualifies for Extended School Year (ESY) services.

Extended School Year Services (ESY): (see attached summary sheet as a means to document discussion)

- ☐ The IEP team determined that the student needs ESY services.
- ☒ The IEP team determined that the student does not need ESY services.
- ☐ The IEP team will determine and/or address ESY services at a later date. Addressed by date:

Explain:

The IEP team determined that the student does not need ESY services at this time.

ESY Goals:

ESY Accommodations:

ESY Services:

ESY Service(s)	Frequency	School/location Instructional Setting (classroom)	Duration m/d/y to m/d/y
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INDIVIDUALIZED EDUCATION PROGRAM (IEP)

SERVICES - LEAST RESTRICTIVE ENVIRONMENT - PLACEMENT, Continued

Student Name J [REDACTED] T [REDACTED]

Page 25 of 29

Student ID Number [REDACTED] 1984

Date 09/20/2021

Draft

PLACEMENT

No single model for the delivery of services to any population or category of children with disabilities is acceptable for meeting the requirement for a continuum of alternative placements. All placement decisions shall be based on the individual needs of each student. The team may consider placement options in conjunction with discussing any needed supplementary aids and services, accommodations/modifications, assistive technology and/or accessible materials, and supports for school personnel. In considering the placement continuum options, check those the team discussed. Then, describe the placement selected in the PLACEMENT DECISION section below. Determination of the Least Restrictive Environment (LRE) and placement may be one or a combination of options along the continuum.

PLACEMENT CONTINUUM OPTIONS CONSIDERED: (check all that have been considered):

- ☒ Public Day School
- ☐ Public Separate School
- ☐ Private Day School
- ☐ Public Residential School
- ☐ Private Residential School
- ☐ Homebound Placement (Instruction provided to students who are confined at home or in a health care facility)
- ☐ Home-based (Services are delivered in the home setting or other agreed upon setting in accordance with IEP)
- ☐ Hospital Program

Based upon identified services and the consideration of least restrictive environment (LRE) and placement continuum options, describe in the space below the placement. Additionally, summarize the discussions and decision around LRE and placement. This must include an explanation of why the student will not be participating with students without disabilities in the general education class(es), programs, and activities. Attach additional pages as needed.

Explanation of Placement Decision:

Public Day School

J [REDACTED] utilizes small group special education direct/small group supports and one-on-one instruction in order to address her deficits in reading, writing, spelling, math and the content areas of science and history attributed to her multiple disabilities.

J [REDACTED] will participate in all academic areas and adaptive physical education in the self-contained special education class.

She will participate with her non-disabled peers in elective classes and activities with the assistance of a paraprofessional.

J [REDACTED] requires 100% direct or proximity assistance traveling throughout the school building, at lunch and in her elective classes due to her identified disability. She also requires total assistance with personal care activities (toileting, transfers, repositioning, and feeding).

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

SERVICES - LEAST RESTRICTIVE ENVIRONMENT - PLACEMENT, Continued

Student Name J [REDACTED] T [REDACTED]
Student ID Number [REDACTED] 1984

Page 26 of 29
Date 09/20/2021

Draft

J [REDACTED] will receive both direct (in direct contact with her) and indirect (with teachers on her behalf) speech language services weekly due to deficits in speech and language skills.

J [REDACTED] also receives vision services as described in the services page.

Related consultative physical therapy and occupational therapy services are provided as laid out in the services section of this IEP.

The student's services as described will be provided in accordance with scheduled delivery by staff. Services are not provided or compensated for on days that the school is closed for any reason (holiday/weather/Summer) and may not be provided during a partial day. Additionally, services will be delivered in the context of the student's enrollment, to include direct instruction, hybrid learning and remote learning locations and platforms.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

SERVICES - LEAST RESTRICTIVE ENVIRONMENT - PLACEMENT, Continued

Student Name J T

Page 27 of 29

Student ID Number 1984

Date 09/20/2021

PARENTAL CONSENT FOR BILLING PUBLIC INSURANCE

For Medicaid, Medicaid Expansion
or FAMIS (Family Access to Medical Insurance Securities) Insured Only

Consent to Release Information:

I consent for Amherst County Public Schools (LEA) to release information from my child's education record (such as evaluation reports and IEPs) about my child's participation in services to participating physicians, other health care providers, the Department of Medical Assistance Services (DMAS), any DMAS billing agents, and any LEA billing agent as necessary, to process claims for reimbursement by DMAS for covered health-related services, evaluations for these services and transportation on the day the student receives any health related service which are outlined in the child's IEP.

Procedural Safeguard:

I understand my right to refuse consent for the school system to access my child's Medicaid or FAMIS coverage to seek reimbursement for the health related services. Any refusal will not affect delivery of these services to my child and delivery of such services will be at no cost. I understand that my permission is voluntary and may be revoked at anytime. I also understand that I have the right to request a copy of the records disclosed.

- ☐ I give consent for claims to be submitted to the Virginia Department of Medical Assistance Services (DMAS), as described above, for the health related services outlined in the Individualized Education Program (IEP), including duration and frequency and/or evaluations for IEP services.
- ☐ I do not give consent for the school system to access my child's Medicaid or FAMIS coverage.

J T
Child's Name

Begin Date

Parent/Guardian Signature

Date

Amherst County Public Schools
 153 Washington Street, Amherst, VA 24521
 INDIVIDUALIZED EDUCATION PROGRAM (IEP)
 PRIOR NOTICE AND PARENT CONSENT

Student Name J T
 Student ID Number 1984

Date 09/20/2021

Page 28 of 29

PRIOR NOTICE

The school division proposes to implement this IEP. This proposed IEP will allow the student to receive a free appropriate public education in the least restrictive environment. This decision is based upon a review of current records, current assessments and the student's performance as documented in the Present Level of Academic Achievement and Functional Performance. Other options considered, if any, and the reason(s) for rejection are attached, or can be found in the Placement Decision section of this IEP. Additionally, other factors, if any that are relevant to this proposal are attached. Parent and adult student rights are explained in the Procedural Safeguards. If you, the parent(s) and adult student, need another copy of the Procedural Safeguards or need assistance in understanding this information please contact Crystal Mays at 434-846-1307 or e-mail crmays@amherst.k12.va.us or Joshua Neighbors at 434-946-9341 or e-mail jneighbors@amherst.k12.va.us.

_____ Parent(s) initials here indicate that the parent(s) has read the above prior notice and attachments, if any, before giving consent to implement this IEP.

PARENT/ADULT STUDENT CONSENT: Indicate your response by checking the appropriate space and sign below.

☐ I give consent to implement this IEP.

☐ I do not give consent to implement this IEP.

 Parent Signature

 Date

TRANSFER OF RIGHTS AT THE AGE OF MAJORITY (age 18):

Indicate the date that the student and parent were informed of the transfer of parental rights under IDEA to the adult student at the age of 18. This must occur at least one year prior to the age of 18.

 Date School Official Signature

I was informed of the parental rights under IDEA that transfer to my Child at age 18.

 Date Student Signature

I was informed of then parental rights under IDEA that transfer to my child at age 18.

 Date Parental Signature

Amherst County Public Schools
153 Washington Street, Amherst, VA 24521
INDIVIDUALIZED EDUCATION PROGRAM (IEP)
PRIOR WRITTEN NOTICE

Student Name J T
Student ID Number 1984

Page 29 of 29
Date 09/20/2021

Describe the action that the school division proposes or refuses to take: (Required upon graduation with a standard or advanced diploma)

J's IEP committee proposes special education placement in the public day school setting in her home zoned school with services and supports provided in both the general education setting and special education setting as described in the LRE section of this IEP.

Explanation of why the school division is proposing or refusing to take action:

Due to J's identified special education related deficits, her IEP committee determined that the services and supports outlined in this plan will provide her a free and appropriate public education in the least restrictive setting and provide her with appropriate access to the general curriculum.

Description of each evaluation procedure, assessment, record or report the school division used in deciding to propose or refuse the action:

Review of scholastic record, review of current class performance and progress, thorough review of all current evaluation data and information presented among the IEP committee. Consideration of parent input.

Description of any other choices that the Individualized Education Program (IEP) team considered and the reasons why those choices were rejected:

No other options were presented to or identified by the IEP committee for consideration.

Description of other reasons or other factors relevant as to why the school division proposed or refused the action:

No other options were rejected by the IEP committee.

Resources for the parent to contact for help in understanding the Individuals with Disabilities Education Act (IDEA) and the related federal and Virginia Regulations:

Parent was offered /provided a copy of parental rights when provided the hard copy of the document for consent consideration. Parent was also provided contact information within this PWN for the Student Services Office (434-946-9341) if further assistance is needed.

If this notice is not the initial referral for evaluation, document when the parent was provided a copy of the procedural safeguards and how a copy maybe obtained, if the parent requests an additional copy:

Parent was offered/provided a copy of parental rights when provided the hard copy of the document for consent consideration. Parent was also provided contact information within this PWN for the Student Services Office (434-946-9341) if further assistance is needed.